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PATENT APPLICATION  
Docket No. 16497.5.1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of	Richard S. Ginn et al.	)
		)
Serial No.:	10/669,313	) Art Unit
		) 3733
Filed:	September 23, 2003	)
		)
Conf. No.:	4672	)
		)
For:	APPARATUS AND METHODS FOR POSITIONING A VASCULAR SHEATH	)
		)
Examiner:	Jessica R. Baxter	)
		)
Customer No.:	057360	)

**AMENDMENT "A"**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

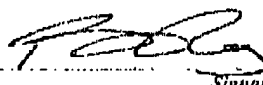
In response to the Office action of October 31, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

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DEC 13 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. 16497.5.1	
Applicant(s): Richard S. Ginn et al.						
Application No. 10/669,313	Filing Date 09/23/2003	Examiner BAXTER, JESSICA R	Customer No. 022913	Group Art Unit 3733	Confirmation No. 4672	
Invention: APPARATUS AND METHODS FOR POSITIONING A VASCULAR SHEATH						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature <b>FRASER D. ROY</b> Attorney for Applicants Registration No. 45,666 Customer No. 057360			Dated: December 13, 2005			
CC:			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____          (Date)          _____          Signature of Person Mailing Correspondence          _____          Typed or Printed Name of Person Mailing Correspondence       </div>			